

State of California
Department of Community Services and Development
Low-Income Home Energy Assistance Program (LIHEAP), Department
of Energy Weatherization Assistance Program (DOE) and DOE
American Recovery and Reinvestment Act (ARRA) Programs

CERTIFICATION OF NO CONFLICT OF INTEREST

Authority: 45 C.F.R. § 74.42; 45 C.F.R. § 92.36; and Exhibit D, Section 3 of the LIHEAP, DOE, and DOE ARRA

Pursuant to the above regulatory and contract provisions, the Officers and Directors of _____ (“Agency”) certify that the Agency will strictly adhere to the following requirements in regard to performance of weatherization measures on any dwelling owned by the Agency or any entity or individual closely related to the Agency:

- 1) Follow all regular eligibility and prioritization requirements of the federal and State LIHEAP, DOE and DOE ARRA programs, as applicable to each service or activity;
- 2) Comply with all dwelling eligibility requirements of the program(s) and terms of the applicable Contract(s), including but not limited to rent increase and multiple dwelling restrictions;
- 3) Substantiate the need for weatherization and/or emergency heating and cooling serves by completing a dwelling assessment for each individual dwelling unit served;
- 4) Ensure that eligible dwelling units *not* owned or operated by the Agency are prioritized for weatherization services over Agency-owned properties; and
- 5) Consent to any further conditions if required by CSD.*

* Further conditions may be required as reasonably necessary to comply with Federal guidance or changes in grant requirements necessitating amendment(s) to LIHEAP/DOE/DOE ARRA Contracts.

We understand that failure to comply with the above regulatory and contractual provisions may result in the Agency's disqualification from performing weatherization measures on Agency-owned properties and/or CSD's imposition of other conditions as necessary to ensure compliance with the applicable Contract(s).

Signature of Board Chair: _____ Date: _____

Name (printed or typed): _____

Signature of Executive Director: _____ Date: _____

Name (printed or typed): _____